## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12109

**Entity Name: CAPACITY INSURANCE COMPANY** 

**Current Principal Place of Business:** 

1300 SAWGRASS CORPORATE PKWY

STE 300

SUNRISE, FL 33323

**Current Mailing Address:** 

PO BOX 451419

SUNRISE, FL 33345 US

FEI Number: 59-2790499 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 EAST GAINES STREET TALLAHASSEE, FL 32399 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Name

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Feb 24, 2014

**Secretary of State** 

CC9015142461

Officer/Director Detail:

Title CHAIRMAN, CEO Title DIRECTOR, PRESIDENT

BULLINGTON, DOUGLAS W Name Name TROMER, KEVIN M

Address 1300 SAWGRASS CORPORATE PKWY Address 1300 SAWGRASS CORPORATE PKWY STE 300

STE 300

SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323 City-State-Zip:

DIRECTOR, CFO, TREASURER DIRECTOR, SECRETARY, SENIOR Title Title

VICE PRESIDENT BLAKE, JAMES W JR.

Name TERZER, RONALD S Address

1300 SAWGRASS CORPORATE PKWY Address 1300 SAWGRASS CORPORATE PKWY STE 300

**STE 300** SUNRISE FL 33323

City-State-Zip: City-State-Zip: SUNRISE FL 33323

Title **DIRECTOR** 

Title DIRECTOR ROGAN, THOMAS B SR. Name

GALLOWAY, AMY ESQ. Address 1300 SAWGRASS CORPORATE PKWY 1300 SAWGRASS CORPORATE PKWY

Address STE 300 **STE 300** 

SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323 City-State-Zip:

Title COO, EXECUTIVE VICE PRESIDENT

Title SENIOR VICE PRESIDENT Name STEINMAN, MICHAEL A

WHITLOCK, ORION P Name Address 1300 SAWGRASS CORPORATE PKWY

1300 SAWGRASS CORPORATE PKWY Address **STE 300** 

Name

STE 300 SUNRISE FL 33323

City-State-Zip: SUNRISE FL 33323

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

02/24/2014 SIGNATURE: RONALD TERZER **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title SENIOR VICE PRESIDENT Name BRAUER, WILLIAM K

1300 SAWGRASS CORPORATE PKWY STE 300 Address

City-State-Zip: SUNRISE FL 33323